

PROJECT 10073 RECORD

1. DATE - TIME GROUP	2. LOCATION
3. SOURCE	10. CONCLUSION
4. NUMBER OF OBJECTS	11. BRIEF SUMMARY AND ANALYSIS
5. LENGTH OF OBSERVATION	
6. TYPE OF OBSERVATION	
7. COURSE	
8. PHOTOS	
9. PHYSICAL EVIDENCE	

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

3 Day 11 Month 67 Year

2. Time of day:

10 Hour 00 Minutes

(Circle One): (A.M.) or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

IN FRONT ENTRANCE OF
CENTRAL STATE UNIVERSITY Wilberforce GREEN COUNTY OHIO
Nearest Postal Address City or Town State or County
Rt. 42

5. How long was object in sight? (Total Duration)

Hours Minutes Seconds

APPROX 15. Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

Because I left the dorm approx 2 minutes of time

5.2 Was object in sight continuously?

Yes ✓ No _____

noted time I arrived in my 10th class

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

I Believe

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|-----|----|------------|
| a. Appear to stand still at any time? | Yes | No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | No | Don't know |
| c. Break up into parts or explode? | Yes | No | Don't know |
| d. Give off smoke? | Yes | No | Don't know |
| e. Change brightness? | Yes | No | Don't know |
| f. Change shape? | Yes | No | Don't know |
| g. Flash or flicker? | Yes | No | Don't know |
| h. Disappear and reappear? | Yes | No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

*it turned (or appeared to) in a manner
and flew out of sight in the direction of Cedarville (Rt 42)*

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what
it moved behind: *a moving cloud formation, it was
very cloudy & the clouds were near.*

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what
in front of: _____

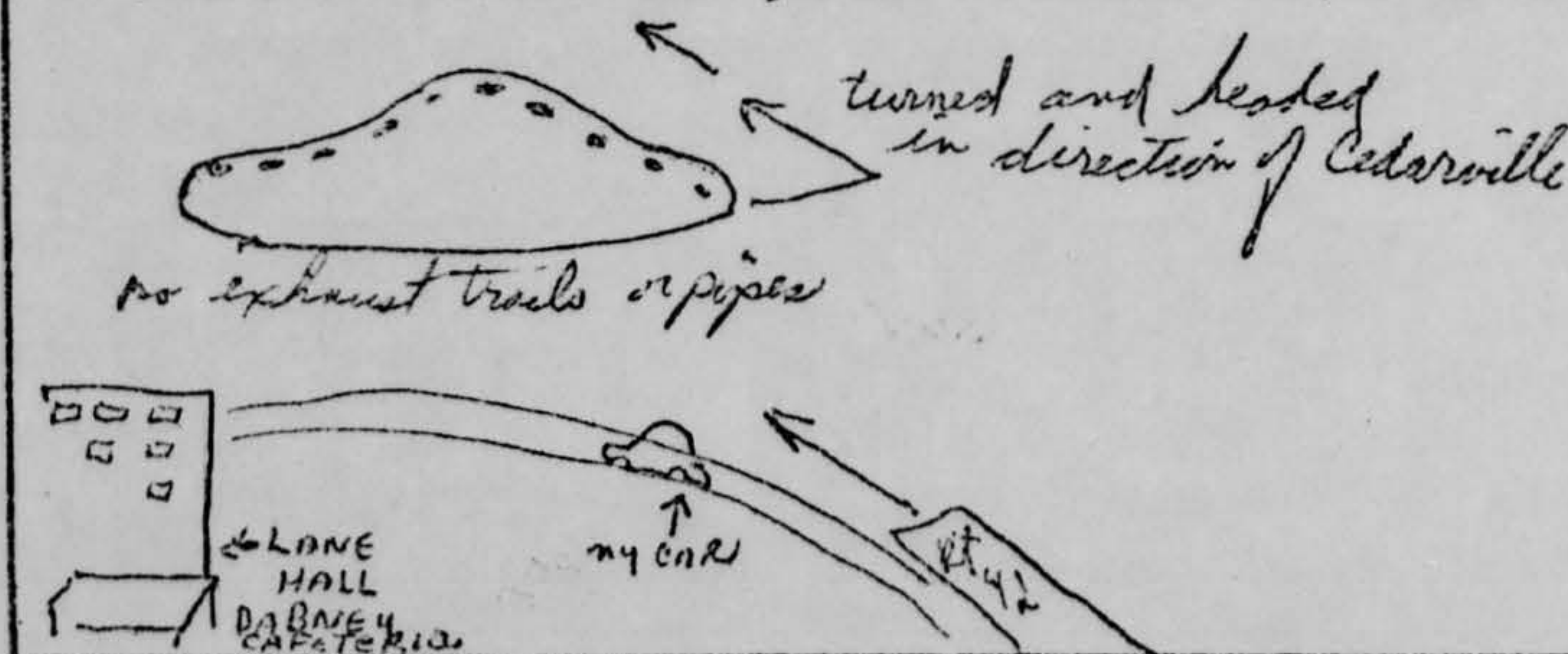
17. Tell in a few words the following things about the object:

a. Sound *no sound at all (I rolled down my car window)*
b. Color *metallic grey.*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

approx. 1/3 to 1/4 of the entire object.

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One)

☒ Yes

No

IF you answered YES, then what speed would you estimate? APPROX 76 n88 mph.

21. Do you think you can estimate how far away from you the object was?

(Circle One)

☒ Yes

No

IF you answered YES, then how far away would you say it was? 900 TO 600 FEET up

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

☒ b. In a car

c. Outdoors

d. In an airplane (type)

e. At sea

f. Other _____

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

☒ c. In open countryside. *The school is in the countryside.*

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

☒ h. Northwest

24.2 How fast were you moving? APPROX 10 mph miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

☒ Yes

No

The engine stopped.

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

☒ No

e. Binoculars

Yes

☒ No

b. Sun glasses

Yes

☒ No

f. Telescope

Yes

☒ No

c. Windshield

☒ Yes

No

g. Theodolite

Yes

☒ No

d. Window glass

Yes

☒ No

h. Other _____

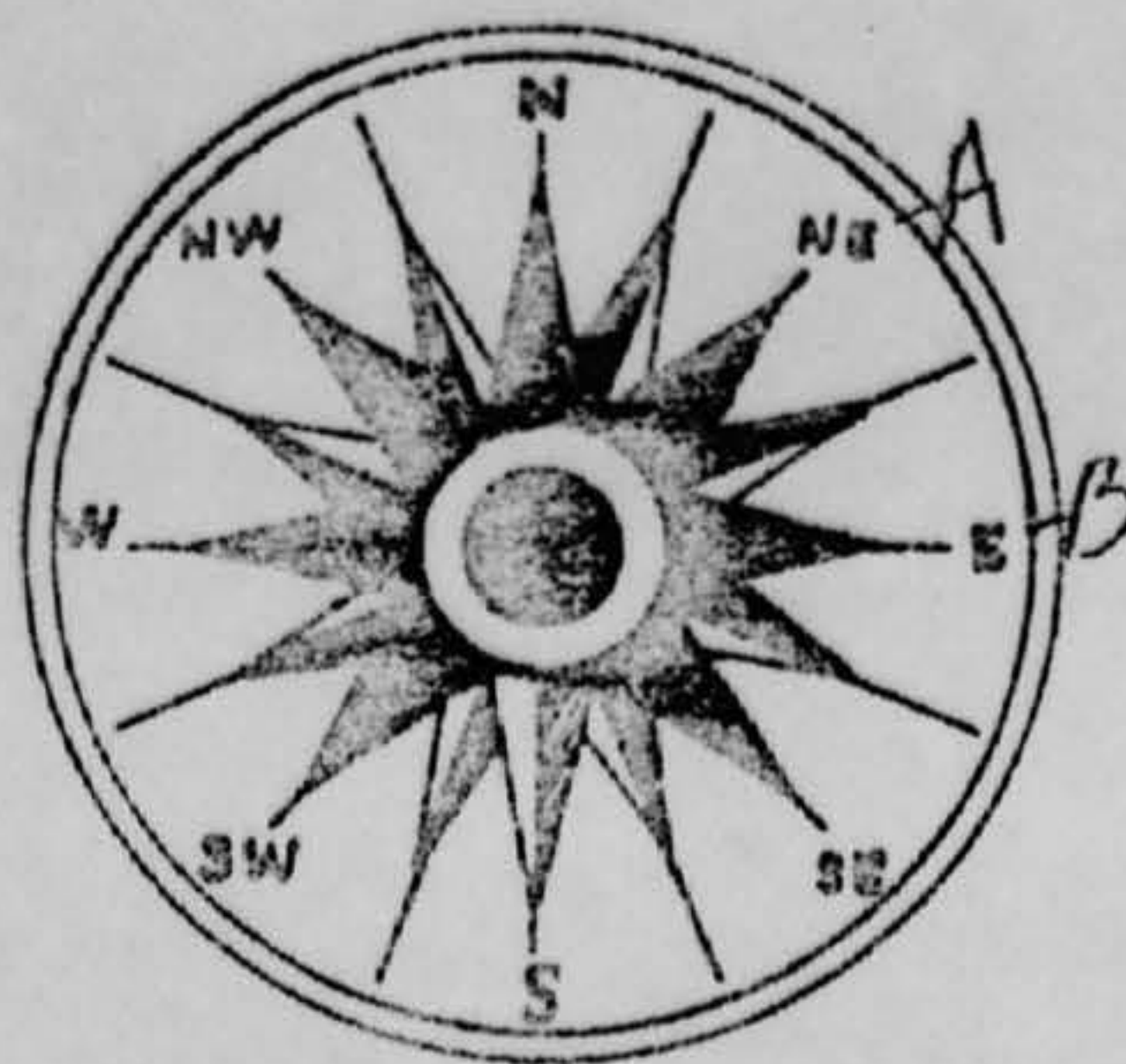
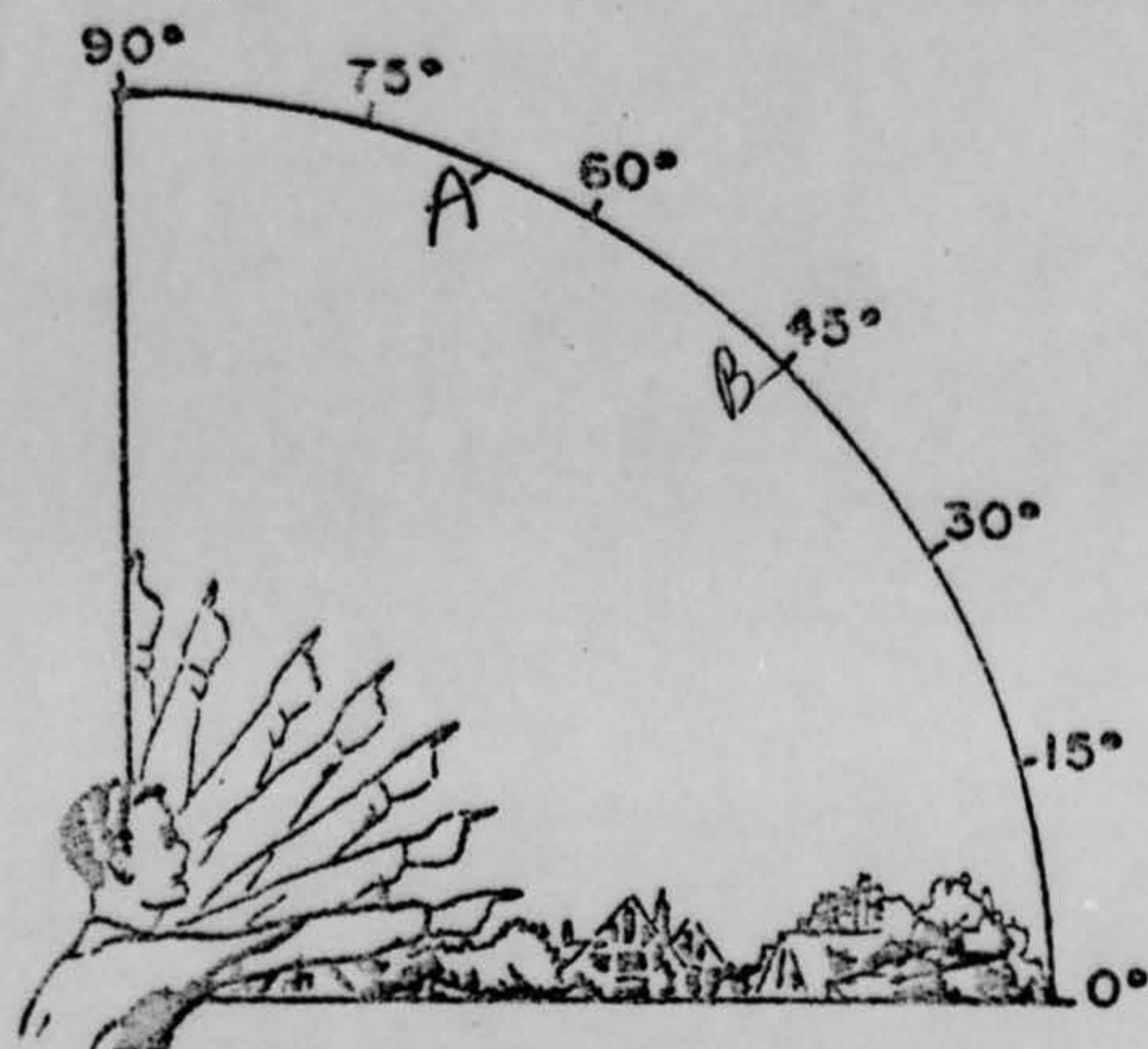
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

it resembled a Napoleon shaped hat turned sideways

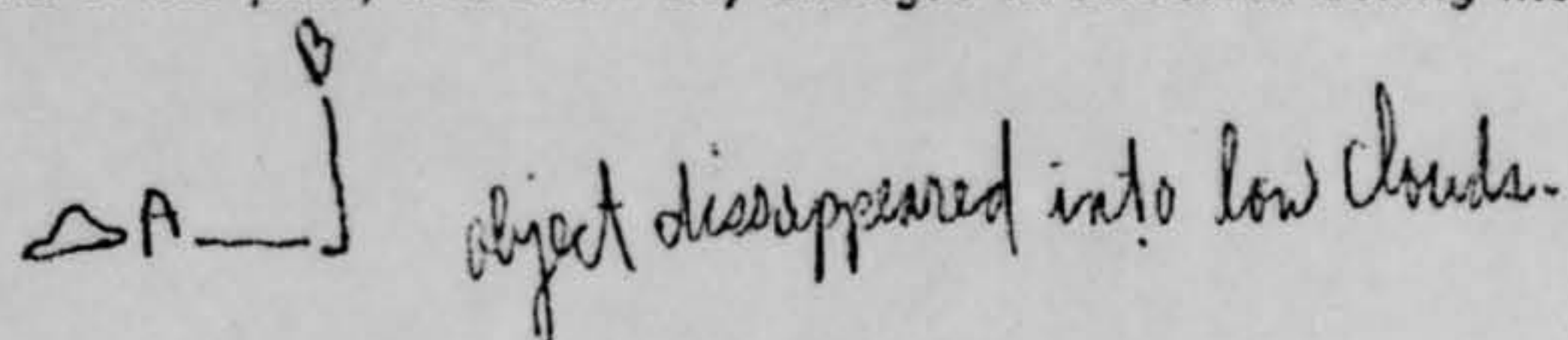


with black spots along the top portion of the object.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? only saw one
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

I never before saw any objects such ^{as} that one

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes No

31.2 Please list their names and addresses:

*These men were
nearly, not actually with*

3 Nov 67

*[Redacted]
[Redacted] Xenia Ohio*

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

*my vision is better than average, and I was very
calm until much later and I became a little shaky.
College address is Central State University, Wilberforce, Ohio
[Redacted] Hall*

33. When and to whom did you report that you had seen the object?

3
Day

11
Month

67
Year

*Reported sighting to instructors
[Redacted] Wright Patterson AFB AT their
suggestion.*

34. Date you completed this questionnaire:

9

Day

11

Month

67

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

I left O'Neill hall at 10:00 AM. November 3rd on my way to Simpson Hall, the music building. The route I took was necessary because of road construction work. I pulled onto RP 46 for about 20 or 30 yards and pulled off back onto campus. I was driving about 10 mph. on a bumpy decline when I became aware of the foreign object. It was sitting in mid-air about 400 to 600 feet in the air. I stepped on the gas, but the motor was dead. I quickly rolled down the window to listen for a plane engine. There was none, also no vapor trail or exhaust. After about ten seconds or so it seemed to turn and disappeared into the clouds, to the right & north. It was metallic grey, shaped like a Napoleon styled hat, turned sideways.

I turned on the ignition and resumed my path towards the music building. As I approached the building, I noticed two of the construction workers standing outside their truck. I parked and ran up to them just as they were driving off. I asked them if they saw a grey object in the sky just then. One appeared quite excited replying "Yeah, wasn't that something?" The other tried to rationalize, "Oh, it was just one of those new English airplanes." I asked him "But it didn't look like an airplane, ran an English airplane sit in mid air for that long and then just take off at such a speed?"

cont.

He replied, "I guess maybe not, Miss, I really don't know what it was." I thanked them and went into the music building. After class, I was telling my vocal instructor, ~~Mr. [redacted]~~ of the incident, and he suggested I call Wright-Patterson to report it. I called around 11:00 am.

Please feel free to contact me if I can be of any help in your investigation.

You also have my permission to use my name as requested on page one of this questionnaire.

Sincerely yours

~~[redacted signature]~~

MEMO FOR THE RECORD

3 November 1967

Subject: UFO Sighting, 3 November 1967

[REDACTED] called regarding her unidentified flying object observation:

[REDACTED]
Central State University

UFO report:

time: 10:00 AM 3 November 1967

place: Over entrance to Central State University

Duration: 10-15 seconds

Object: looked like a Napoleonic hat turned sideways

Flight Characteristics: At first hovering then quickly flew away

Altitude: 600 or 700 feet

Sound: None

Witnesses: Some construction men in a truck (When observer stopped men they said the object was an English plane. On further questioning one admitted they didn't know what the object was. Observer will try to find out their names.)

Electricity & Magnetic effects: Witnesses car stopped.

3 Nov. 1967

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation , November 3, 1967

TO: [REDACTED]

Kenia, Ohio 45385

848 2867


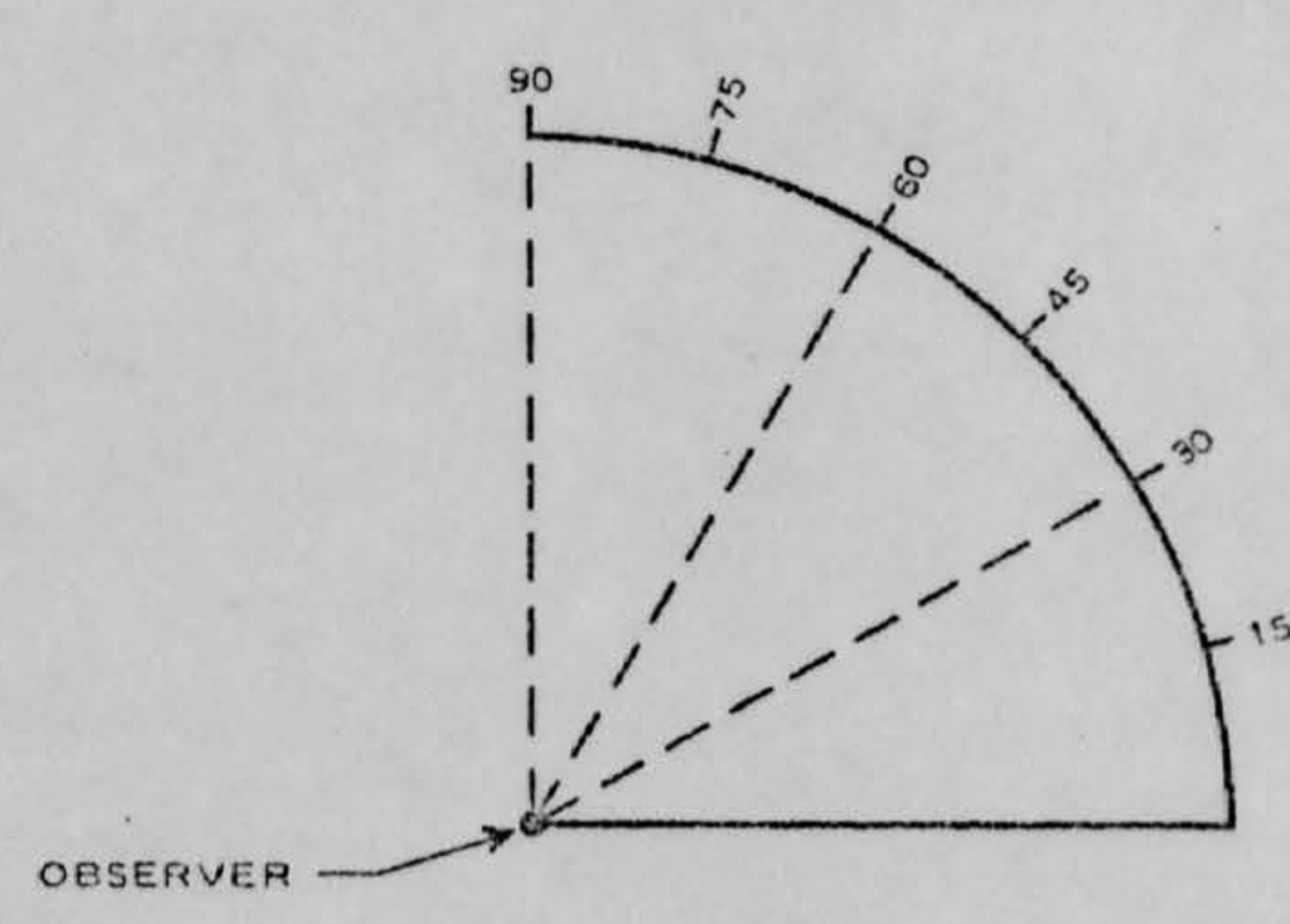
Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on November 3, 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

Rec'd in UFO office
27 Nov 68

AFR 80-17(C1)

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE		BUDGET BUREAU APPROVAL NUMBER 21-R259
<p>THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)</p>		
1. WHEN DID YOU SEE THE PHENOMENON? DAY <u>3</u> MONTH <u>11</u> YEAR <u>67</u>		
2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON? HOUR <u>11:30</u> MINUTES <u>5</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON? HOUR <u>11:35</u> MINUTES <u>5</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
4. TIME ZONE <input type="checkbox"/> EASTERN <input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD		
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK. <p><i>I was near Highway 42 East of Lane Hall on Central State College University and turn went way it came in. it look this.</i></p> 		
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN. 		

MEMO FOR THE RECORD

@23 Mar 68

Called [REDACTED] of Xenia Ohio [REDACTED]

The line was busy.

Called [REDACTED] of Xenia , Ohio [REDACTED]

[REDACTED] wasn't there but I talked to his wife. She said that he
had told her about the incident and thought it was an airpland.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation 3 November 1967

JAN 25 1968

TO:

[REDACTED]
Xenia, Ohio 45385

766 5605

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 3 November 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

3 Nov 67

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT/UFO

SUBJECT:

UFO Observation, 3 November 1967

TO:

Xenia, Ohio 45385

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

JES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

Sir, This was page 2.
return 117 again

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT/UFO

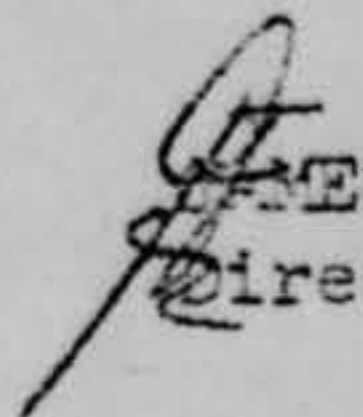
SUBJECT:

UFO Observation, 3 November 1967

TO:

[REDACTED]
Xenia, Ohio 45385

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 3 November 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

 JAMES C. MANATT, Colonel, USAF
Director of Production

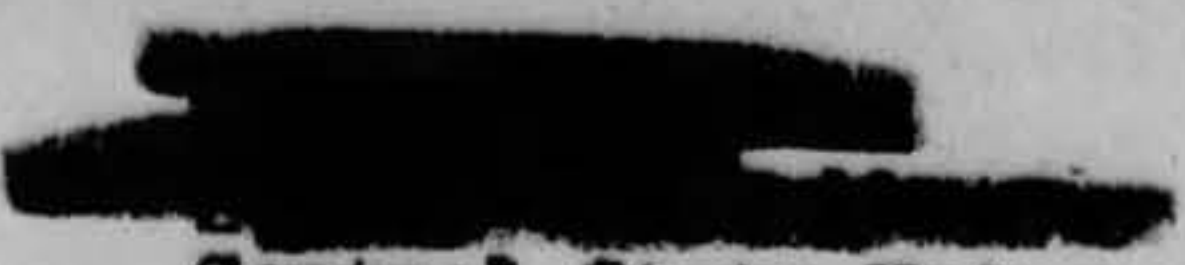
1 Atch
AF Form 117

3 Nov 67


TDET/UFO

UFO Observation, 3 November 1967

NOV 7 1967


Central State University
Wilberforce, Ohio 45384

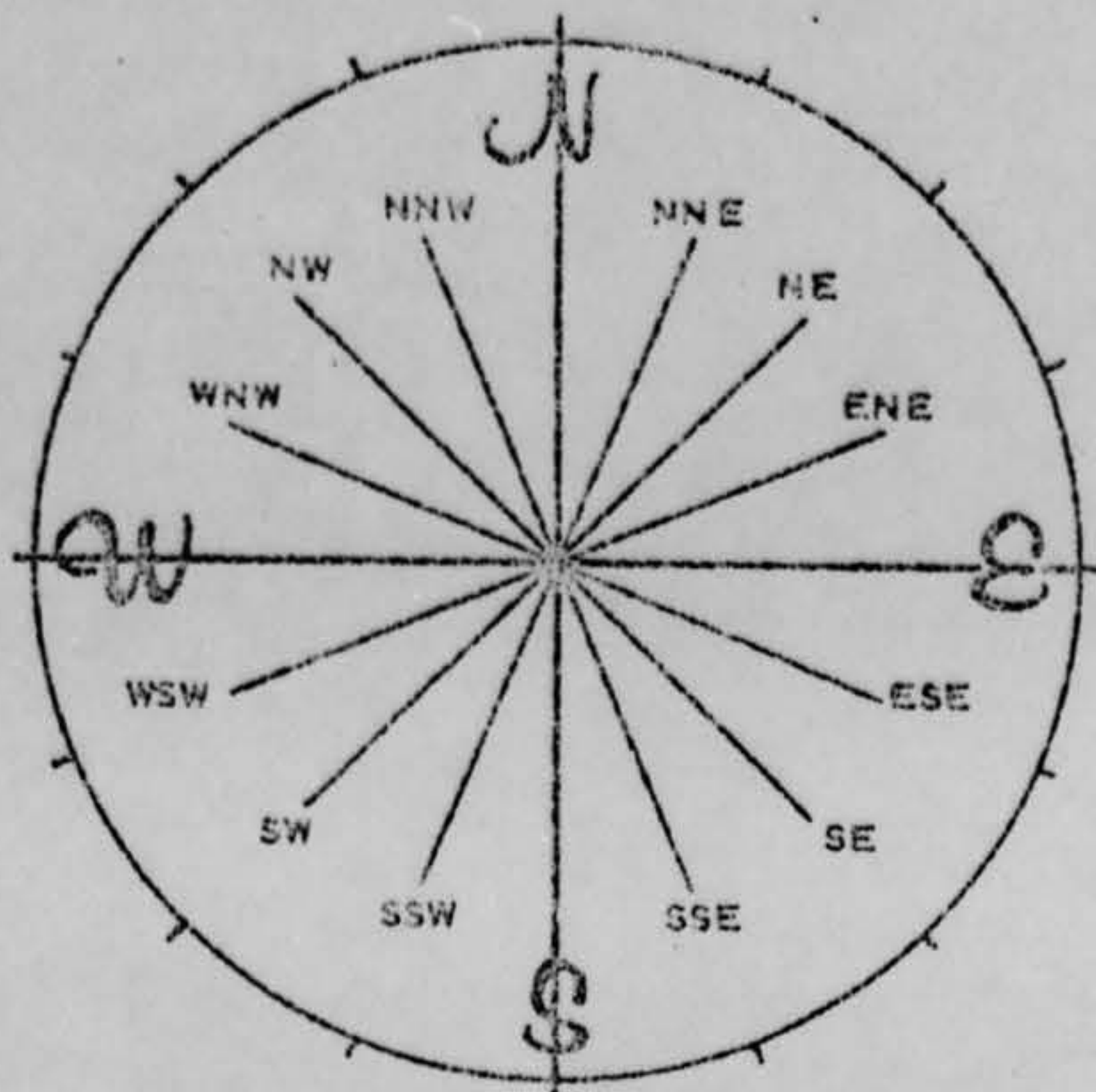
Reference your unidentified observation. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached FTD Form 164 and return it in the envelope provided. Thank you for reporting your observation to the Air Force.


JAMES C. MANATT, Colonel, USAF
Director of Technology and Subsystems

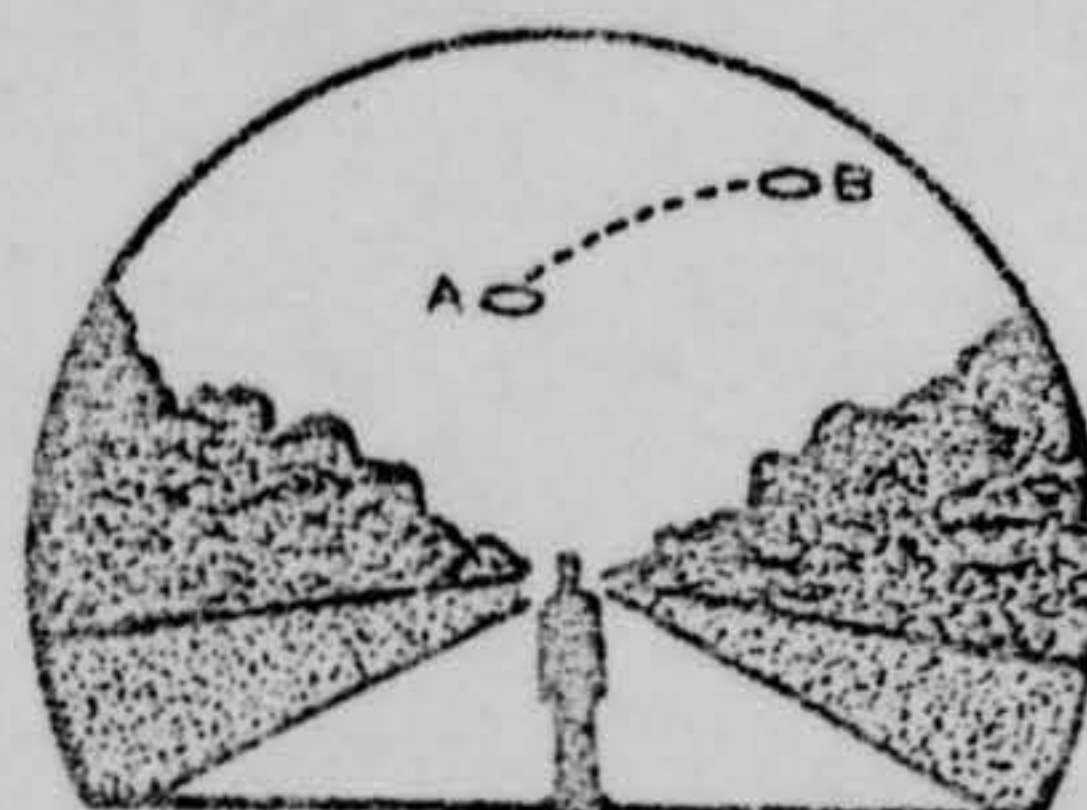
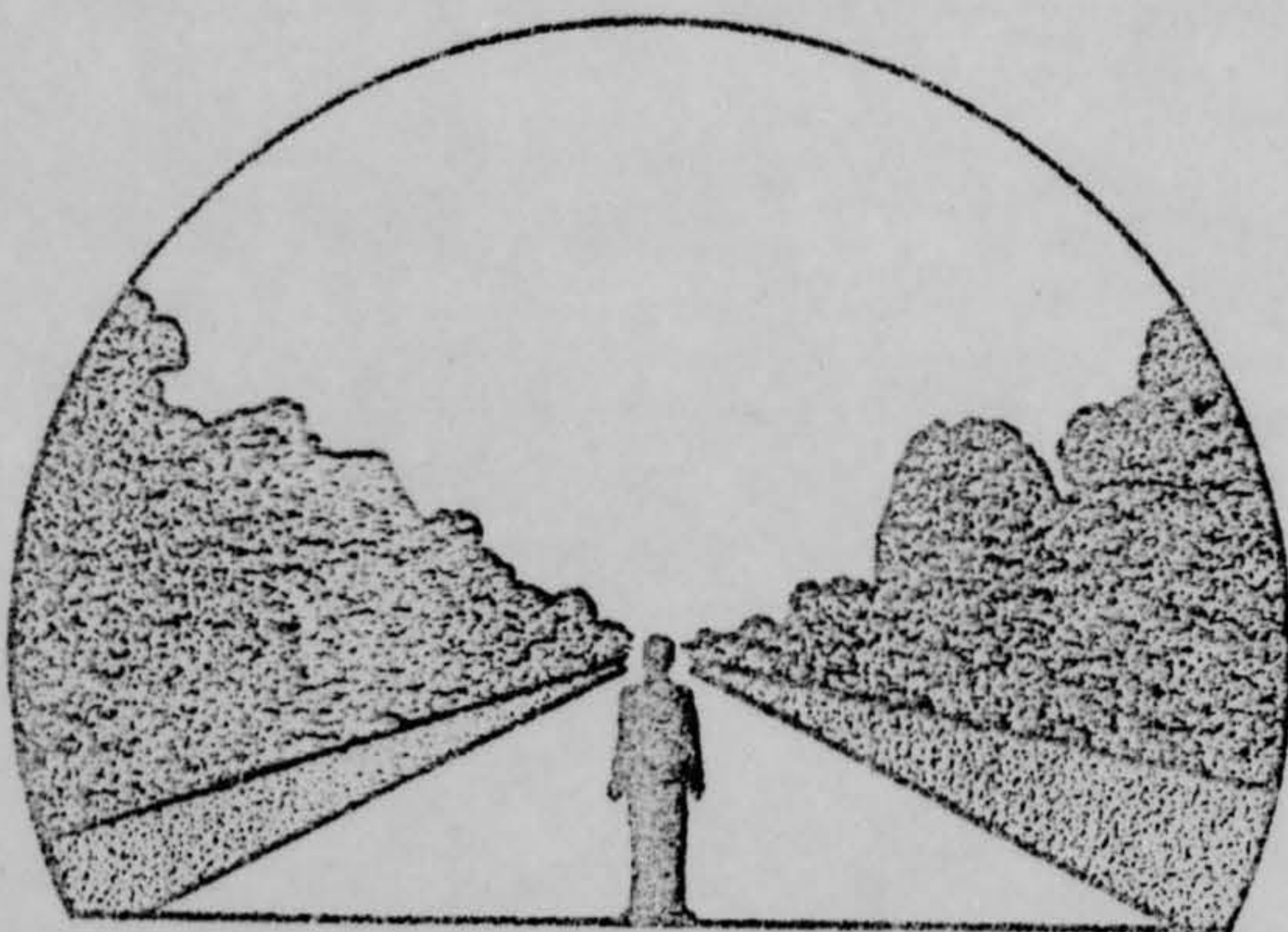
1 Atch
FTD Form 164 w/envelope

Send to 2 witnesses
witness 11712

8A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
OUTDOORS		IN BUSINESS SECTION OF CITY	
IN BUILDING		IN RESIDENTIAL SECTION OF CITY	
IN CAR	<input type="checkbox"/> AS DRIVER	<input type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE
IN BOAT			NEAR AIRFIELD
IN AIRPLANE	<input type="checkbox"/> AS PILOT	<input type="checkbox"/> AS PASSENGER	FLYING OVER CITY
OTHER			FLYING OVER OPEN COUNTRY
		OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	CERTAIN OF TIME	NOT VERY SURE	
	FAIRLY CERTAIN	JUST A GUESS	
HOW WAS TIME DETERMINED?			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
DAY		CUMULUS CLOUDS (Low fluffy)	FOG OR MIST
TWILIGHT		CIRRUS CLOUDS (High fleecy or Herring-bone)	HEAVY RAIN
NIGHT			LIGHT RAIN OR DRIZZLE
CLEAR		NIMBUS CLOUDS (Rain)	HAIL
PARTLY CLOUDY		CUMULONIMBUS CLOUDS (Thunderstorms)	SNOW OR SLEET
COMPLETELY OVERCAST			UNKNOWN
		HAZE OR SMOG	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON	
NONE	BRIGHT MOONLIGHT	NO MOONLIGHT
A FEW	MOON WITH HALO	UNKNOWN
MANY	MOON HIDDEN BY CLOUDS	
UNKNOWN	PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

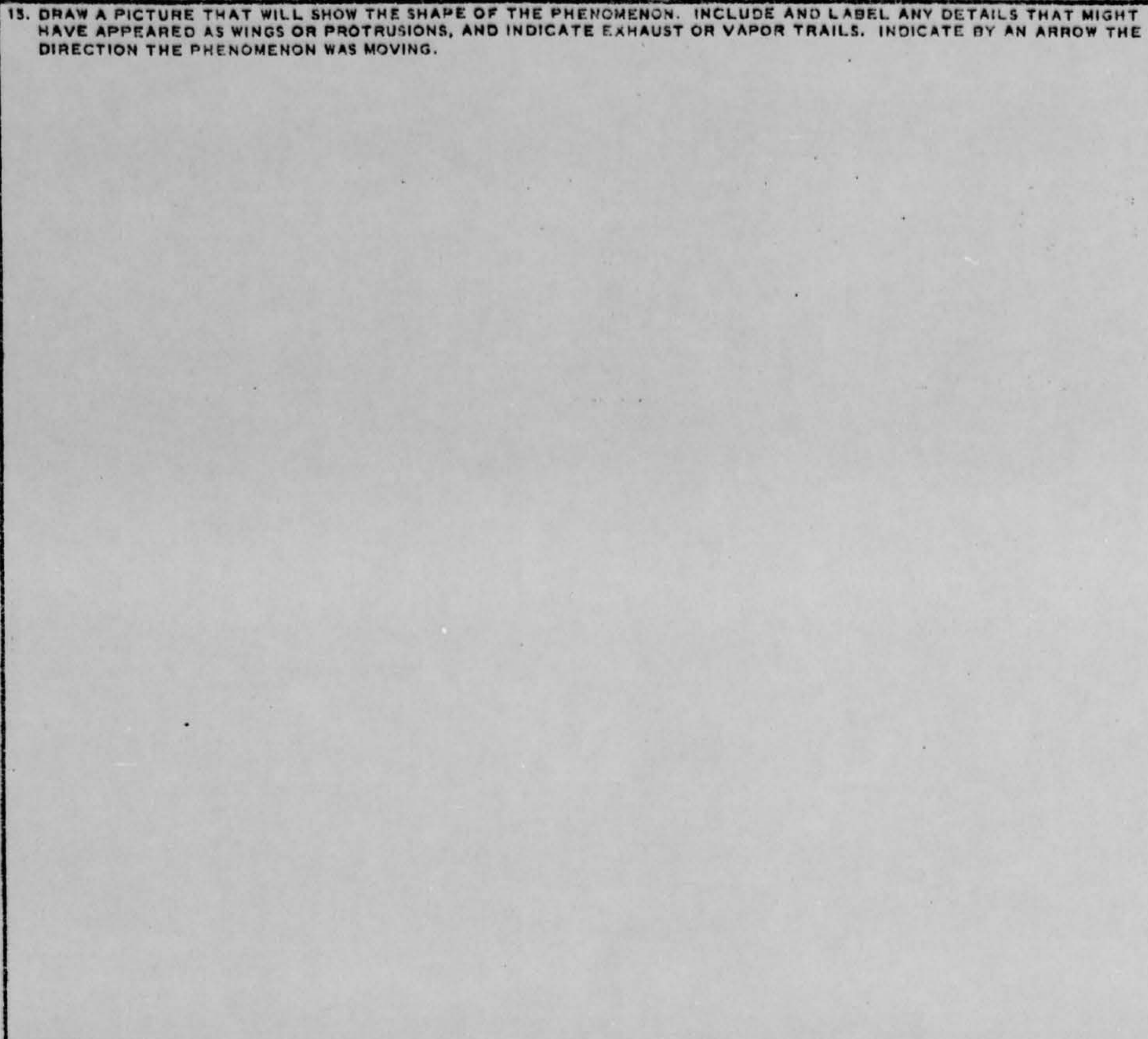
IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (Near noon)
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

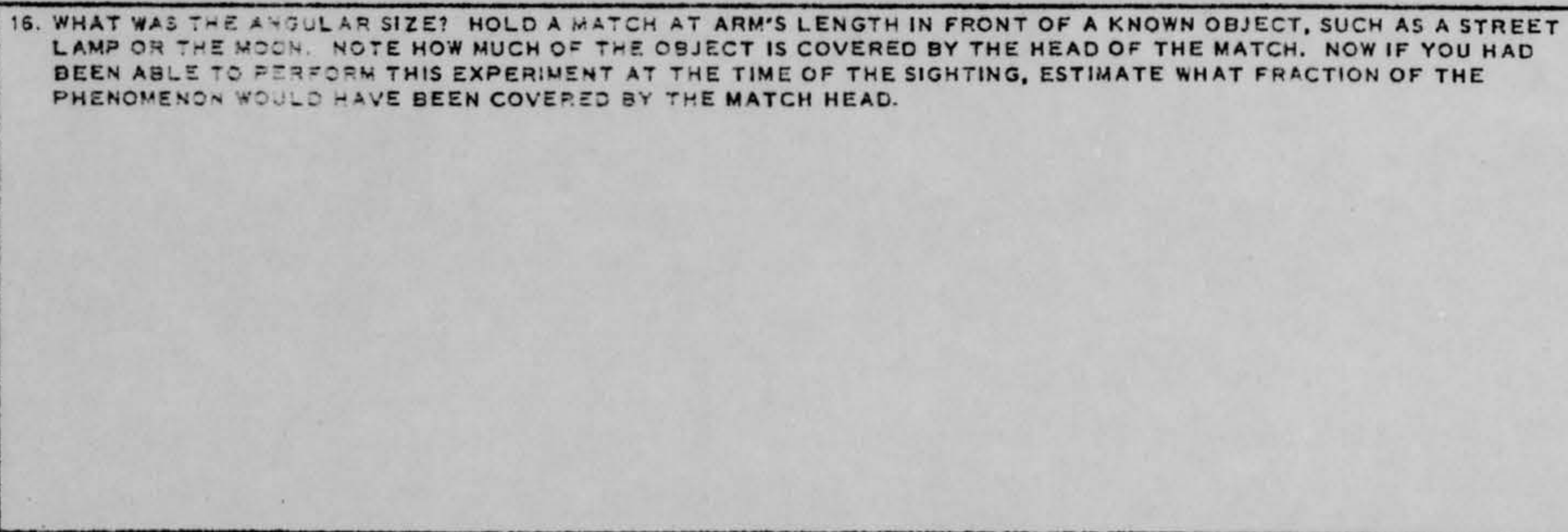
12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?			
	STAND STILL AT ANYTIME?			
	SUDDENLY SPEED UP AND RUN AWAY?			
	BREAK UP IN PARTS AND EXPLODE?			
	CHANGE COLOR?			
	GIVE OFF SMOKE?			
	CHANGE BRIGHTNESS?			
	CHANGE SHAPE?			
	FLASH OR FLICKER?			
	DISAPPEAR AND REAPPEAR?			
	SPIN LIKE A TOP?			
	MAKE A NOISE?			
	FLUTTER OR NOBBLE?			
14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?				
A. HOW DID IT FINALLY DISAPPEAR?				
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?				
<input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.				

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED _____	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.	

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☐ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME _____ DAY _____ MONTH _____ YEAR _____

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY _____ MONTH _____ YEAR _____